



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

February 16, 2009

### REPORT/PUBLICATION CLEARANCE REQUEST

#### MEMORANDUM FOR THE COMMISSIONER

THROUGH: Tommy Boukhris, Point of Contact  
Executive Communications and Correspondence

FROM: Michael D. Maples, Assistant Commissioner  
Division for Mental Health and Substance Abuse Services

SUBJECT: Annual Report on Electroconvulsive Therapy

#### Purpose

To request your approval of the annual Electroconvulsive Therapy (ECT) report, and your signature on the cover letters to the Governor, Lieutenant Governor, and Speaker of the House.

#### Background

Pursuant to Texas Health and Safety Code, Title 7, Subtitle C, Chapter 578, the Department of State Health Services (DSHS) is required to collect, analyze, and report data relating to the use of ECT. In order to facilitate this process, Texas hospitals administering ECT provide, on a quarterly basis, information regarding the patient, number of treatments, and type of equipment used to administer ECT.

The ECT Database Coordinator in the Decision Support Unit of the Division for Mental Health and Substance Abuse Services (MHSA) maintains this information, and summary reports are submitted annually to the Governor and members of the legislature, and have been submitted annually since the law became effective in December 1993. These reports are also published on the internet, at the following website address:

<http://www.dshs.state.tx.us/mhquality/ECTReports.shtm>

According to the above-mentioned statute, the report is due to the Governor on February 15 of each year.

### Summary

- A total of 20 Texas hospitals provided 1,760 patient reports during fiscal 2008. (This number may reflect patients who have received ECT in more than one quarter this year.)
- There were 80.9 percent White patients, 5.7 percent Black patients, and 10.4 percent Latin patients.
- 70.2 percent of the patients reported were female, and 29.8 percent reported were male.
- There were 97.8 percent voluntary patients consenting to ECT treatments reported, and the remaining 2.2 percent reported were involuntary or guardians consenting to ECT.
- There were 10 reports of patients under 20 years of age, and 10 reports of patients 90+ years of age.
- There were 54.3 percent private 3<sup>rd</sup> party insurer as primary source of payment for ECT reported and 44.0 percent public 3<sup>rd</sup> party as primary source of payment for ECT reported.
- There were 90 reports (5.1 percent) reflecting memory loss within 14 days of ECT; because memory loss is a known and common side effect, discussion of this risk is required prior to obtaining consent for ECT in Texas.
- There were 5 reports of death within 14 days of ECT.
  - Laurel Ridge Hospital, San Antonio; November 16, 2007: The 80 year old female expired approximately four days after ECT. She had been transferred to a medical facility on November 18, 2007, complaining of abdominal pain. The daughter notified the hospital of her death approximately two days later when she came to get the patient's belongings, but did not offer information as to cause of death. There was no autopsy.
  - Methodist Specialty/Transplant Hospital, San Antonio; December 17, 2007: The 68 year old female expired the next day at her residence of a massive heart attack (natural causes) according to her spouse. The family refused autopsy.
  - Seton Shoal Creek Hospital, Austin; February 18, 2008: The 49 year old male committed suicide 24-36 hours after outpatient ECT. The hospital was informed by the brother that the patient was planning to stay with him while he was an outpatient. On the morning of February 19, 2008, there was an altercation, and the brother told the patient to get out. The patient went back to his apartment and hung himself that afternoon. There was no autopsy.

- Texas West Oaks Hospital, Houston; July 21, 2008: The 64 year old female had previous ECTs, and her vital signs were stable throughout the same procedure. The next evening (July 22, 2008), she began experiencing respiratory difficulty, was given medication, and was seen by the attending physician. Later that night, her condition worsened, and she was transferred to Southwest Memorial Hospital where she expired a short time later (July 23, 2008). Hospital staff were informed by Medical Examiner that an autopsy report was not available. A Memorandum of Record signed by the Texas West Oaks Chief Nursing Officer, was prepared and sent for our file.
- Zale Lipshy University Hospital, Dallas; November 28, 2007: The 80 year old female fell the next day after ECT and fractured her pelvis. According to the preliminary autopsy, she was treated successfully over the next few days for multiple hemorrhages with intervention radiology. In the days following, she developed a temperature spike, hypertension, apnea, and hypoxia, but was not resuscitated per her code status and expired December 7, 2007.
- A letter was sent to all active facilities in January reminding them of the annual ECT equipment registration and fee that is required pursuant to TAC §405.114. An updated application for registration of ECT equipment (Exhibit D) was included with the letter, and is available on the ECT website. The ECT equipment registration history will be updated regularly on the ECT website.
- In an effort to ensure that consistent data is received and maintained in the ECT database, fiscal year 2008 reports were screened and sent back to hospitals with detailed instructions on how to report number of ECT treatments. As a result, the fiscal 2008 data providers have achieved very close to full reporting compliance with TAC §405.112.

Status of Series Treatments	FY2007 (1,772 total reports)	FY2008 (1,760 total reports)
Ongoing	492	286
Concluded	700	593
Stopped	129	213
<b>Number of Series Reports</b>	1,321 or 74.5 percent	1,092 or 62.0 percent

Comparing the status of series treatments from fiscal year 2007 and fiscal year 2008, it is clear that series treatments and maintenance treatments are being reported exclusively. There is a distinct drop in total series treatment reports from 74.5 percent last year to 62.0 percent this fiscal year. Earlier reports (pre-fiscal year 2008) may include maintenance treatments mistakenly reported as ongoing series treatments. The data also shows a distinct difference in the status of series treatments reflecting ongoing and concluded

series only. There is a sizeable drop in the number of ongoing series reported from 492 last year to 286 this fiscal year. Earlier reports (pre-fiscal year 2008) may include maintenance treatments mistakenly reported as ongoing series in this category.

- A summary and comparison of memory impairment and symptom severity based on the physician assessment of memory loss for fiscal year 2007 and fiscal year 2008 showed memory impairment continues to be:
  - None to mild before ECT: 35.8-51.9 percent in fiscal year 2007,  
34.6-49.6 percent in fiscal year 2008
  - None to mild 2-4 weeks after ECT: 27.9-58.8 percent in fiscal year 2007,  
28.6-58.6 percent in fiscal year 2008

Symptom severity also stayed fairly consistent from year to year:

- Severe before ECT: 54.0 percent in fiscal year 2007,  
54.7 percent in fiscal year 2008
- Mild 2-4 weeks after ECT: 53.4 percent in fiscal year 2007,  
58.5 percent in fiscal year 2008

**Commissioner's Decision**

Approve

DLL 2/17/09

Disapprove

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Modify

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Needs More Discussion

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Pend for Future Consideration

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Attachments